UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR **PATENT** FEE REFUND				
1 Date of Request: 11/18/10		2 Serial/Patent # 5,839,152		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			$
	Amendment			$
X	Extension of Time		08/16/10	$ 65.00
	Notice of Appeal/Appeal			$
X	Petition		08/16/10	$ 400.00
	Issue			$
	Cert of Correction/Terminal Disc.			$
X	Maintenance		12/04/09	$ 1,940.00
	Assignment			$
	Other			$

7 TOTAL AMOUNT OF REFUND	$2,405.00

8 TO BE REFUNDED BY:

X	Treasury Check
	Credit Deposit A/C #:
9	☐ ☐ ☐ -- ☐ ☐ ☐ ☐

10 REASON:

	Overpayment
	Duplicate Payment
X	No Fee Due (Explanation):

expired patent not re-instated

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Cliff Congo   TITLE: Attorney

SIGNATURE: _Cliff_   PHONE: 571-272-3207

OFFICE: Petitions

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THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _[signature]_   DATE: 11/22/10

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

FORM PTO 1577
(01/90)